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PHYSICIANS statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12483
1. PLACE OF DEATH	1060)
County Safford of for	Registration Dist. No. 29/
Village or City Doyal Vas My	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where death occurred	
2. FULL NAME James Chrone Prent	ey
(a) Residence: No. Roy al Dak And	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tho word) Colourd C	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from here. 3. 1933. to the 5 1933
6. DATE OF BIRTH (month, day, and year) Dury 3 1933	last saw him alive on Alle 5 , 1933; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
2   I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cente Browchito 12/4/83
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased tast worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Jallat Co., (State or country)	Other Contribatory Causes of importance:
13. NAME / dictact Closer Slaggall  14. BIRTHPLACE (city or town) Maryland  (State or country)	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Porotty Sently 16. BIRTHPLACE (city or town) Place Lange	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT A Colored & Comment Black April	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Royal Genthirdate Dec 6, 1939	Manner of injury
19. UNDERTAKER of . W. Hilmon (Address) Roaal Court md	24. Was disease or injury In any way related to occupation of deceased? 720
20, FILED Dec 5 , 1933 Palme Hyrralia Registrar.	(Signed) Harmand of Belly M.D. (Address) Easton M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

V. S. No. 1

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To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year	

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

See instructions on back of certificate.

TION is very important.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

B.-WRITE PLAINLY, WITH

STATE OF MARYLAND-	-CERTIFICATE OF DEATH			
1. PLACE OF DEATH	10101			
County Talbot and	Registration Dist. No. 290			
Village or City Caston	NoSt.,Ward			
	If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mo	ds How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Honry Doyce				
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	) Mee. (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. A   HEREBY CERTIFY That   attended deceased from			
(or) WIFE of Unknown	Aleen 2 1933 to blee 0 1933			
6. DATE OF BIRTH (month, day, and year)	I last saw ham alive on hee. 8 ,1933; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
Ourbnown 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade hypersion or particular	were as milows: Parenches malous Date of onset			
8. Trade, b ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	- hechritis			
9. Industry or business in which work was done, as SILK MILL,				
SAW MILL, BANK, etc.				
11. Total time (years) this eccupation (month and year) year) occupation occupation occupation				
year) occupation	Other Committee Causes of Importance:			
12. BIRTHPLACE (city or town) (State or country)	Chronic myseardelso 2/4/30			
I 3. NAME amproum				
13. NAME authorium  14. BIRTHPLACE (city or town).	Name of operationOate of			
(State of country) (ODD ROUGH CO	What test confirmed diagnosis? Was there an autopsy?			
15. MAIOEN NAME Quilbrier  16. BIRTHPLACE (city or town) Usalessour	23. If death was due to external causes (VIOL ENCE) fill In also the following:			
[ 16. BIRTHPLACE (city or town) Lessensus	Accident, suicide, or homicide? Date of injury, 19			
State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Come Nother	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.			
(Address) Eo avor (Ma)  18. BURIAL CREMATION, OR REMOVAL  1				
Place Garton Md Date 2 8 13 1933.	Manner of injury			
1 love	Nature of injury			
19. UNDERTAKER James al Spine	24. Was disease or injury in any way related to occupation of deceased?			
(Address) Coarton Md	(Signed) Salmard M. D. M. D.			
20. FILEO 4 12 , 123 / 24. 1- Club Rainter	(Signed)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- CALL STORY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state of OCCUPA.

JRD. Every item of infor-

1. PLACE OF DEATH	94-2
County Fallot	Registration Dist. No. 290
Village or City Easton	No. St., Ward
	s. 2 d ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles J. Brooks	hise
(a) Residence: No. Acrilor (Usual place of abode)	St., Ward.  If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH 3, 193 3. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Brookshire	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) VATA 1. 1883	I last saw h alive on 19 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Minister SAWYER, BDOKKEEPER, etc.	Coronary Thrombons 12-3.
kind of work done, as SPINNER, Minuster  SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and	
10. Date deceased last worked at this occupation (month and Dec 3 spant in this occupation)	
12. BIRTHPLACE (city or town) Union City,	Diher Contributory Causes of importance:
(State or country)	
13. NAME Charles J. Brotalluse	
13. NAME Charles J. Brooksluse 14. BIRTHPLACE (city or town) Usuan City (State or country)	Name of operation
(State of County)	What test confirmed diagnosis? / The Long Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME amanda Oles  16. BIRTHPLACE (city or town) Union City  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Union City	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Aduline Brookshire	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Burial Baltimose	Manner of Injury
Place Woodlaws Clime Date Dec 7 1933	Nature of injury
19. UNDERTAKER James a Spince Roston mel	24. Was disease or Injury In any way related to occupation of deceased?
(Audiess)	(Signed) - E - M.
20. FILED 2/6 , 1933 11. JY: / klinera. Registrar.	(Address) Zaston 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12486
1. PLACE OF DEATH	92.00
County Talkale U	Registration Dist. No. 298
7/1/1/1	LIALANCI CANALL MESO, MAL
Village or City	death occurred in a horbital or instruction, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME MY STATES PLYTICES S.	
MAN WAR	St. Ward.
(a) Residence: No. (bsual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male White OR DIVORCED (writes the word)	1933
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Wallet of Wallet	22. A I HEREBY CERTIFY, That I attended daceased from
Mary region	1) ec. 2 ,1933, to Dec. 11 ,1933
6. DATE OF BIRTH (month, day, and year) November 1856	I last saw h. W. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
nn Ab	The PRINCIPAL CAUSE OF OEATH and related causes of importance wera as follows:
8 Trade profession or particular	wera as rollows:
o kind of work done, as SPINNER, etured merchant	
9. Industry or business in which	Corelinal En ballom Dec 33
kind of work done, as SPINNER, stured Mecchant SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Engleside,	
(State or country) Maruland	Yanular Theart Delane inthour
13. NAME HONGE Thomas Burgess	
13. NAME George Thomas Burgess 14. BIRTHPLACE (city or town) Queen lune a.,	Nama of operation Oats of
(State or country) Mary and	What test confirmed diagnosis? Church Was there an autopsy?
# 15. MAIDEN NAME Mary Que usta Harrison	23. If death was due to external causes (VIOL ENCE) fill In also the following:
E / / / Voice	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)  (Stata or country)	Where did injury occur?
m. 8 . 1. 41. 9 10 . 0.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT 11 10 mily au Nyme	Specify whether injury occurred in INDOSTAT, in NOME, of in Poblic Place.
(Address) Calculate, Mar. 18. BURIAL, OREMOVAL	Manage of initial
Place Stomeno, Del Date 2/14 19.33	Manner of injury
12 7 12	Nature of injury
19. UNDERTAKER Daylon, Joes	24. Was disease or injury in any way related to occupation of deceased?
(Address) Colonbrance Ma.	If so, specify
20. FILEO 12/12 1933 M. Neerus	(Signed) M. D.
Registrar.	(Address) Colored U. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

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item

ERVE	
RESER	
ARGIN	

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT 0CC1 290 Jo Registration Dist. No. should County Ward Village or City Jo (If death occurred in a horpifal or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? S ds. Length of residence in city or town where death occurred mos statement PHYSICIAN If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) PERMANENT (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of X. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 国 certificate. properly Months Days If LESS than to have occurred on the date stated above 7. AGE Years stated 1 day ....- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows IS Date of enset 8. Trade, profession, or particular HIS NO kind of work done, as SPINNER, be be Jo SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which may back should work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Date deceased last worked at 11. Total time (years)
spant in this On 344 this occupation (month and year) - The week AGE that occupation ... instructions Other Contributory 80 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, 13. NAME FATHE See 14. BIRTHPLACE (city or town) (State or country) Was there en europsyl What test confirmed diegnosis? should be carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_ Date of injury. PLAINLY, DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury WRITE W. CAUSE mation Nature of injury LION related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED 12 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10 de 20 de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory eauses of importance:  Gastrocnteritis	1
Gaustones	May 1,1925	Onsi oenter tas	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

supplied.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

OCCUPA.

of

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Bacton fallox	Registration Dist. No. 296
Village or City Easton End	No. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth?yrsds.
Length of residence in city or town where death occurredyrs,mos.	os. Now long in 0.5, it of loteign with:yisnosos.
2. FULL NAME ducy 6 wills	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female Colored OR DIVORCED (write the word)	(Month) (Qay) (Yeer)
5a. If merried, widowed, or divosced HUSBAND of	(month) (day) (lect)
(or) WIFE of atraham Ennels	22.   HEREBY CERTIFY, That I attended decessed from
01.0.00.1	I last saw h alive on 19 3 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
59 FO 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, protession, or particular	were as follows:
kind of work done, as SPINNER, HOUSE SAWYER, BDOKKEFER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 40 9 11. Total time (years) this occupation (month and somethin this).	Tright hours day
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1933
SAW MILL, BANK, etc.	
- this seeapation (months one	
yeer) occupation occupation	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	2,:
H Y DI V	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Al Dal Was there an eutopsy?
	23. If death was due to external causes (VIDL ENCE) fill in also the following:
= /4-/4x C	Accident, suicide, or homicide?Date of injury19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mars Colores	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT MAY Function (Address) Basion Mid	
18. BURIAL, CREMANDON, SR REMOVAL	Manner of Injury
Place Date Date 193	Nature of Injury
19. UNDERTAKER Manin & Your & Stone	24. Was disease er injury in any way related to occupation of deceased?
(Address) Emator 241	If so, specify
20. FILED 1/2 1934 M. M. Merrica)	(Signed) Therefore There M.D.
Registrar.	(Address) I fuelach the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	cample I	O. I	Example II	
The principal cause of dca of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	14.5	19,15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	37	3.1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKLAU	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH	(68)	
	County latbo	Registration Dist. No. 290	
	Village or City FasXon	No. The raency War death occurred in a hospital or institution, river its NAME in lead of street and number)	j
/		4/2 ds. How long in U.S. if of foreign birth? yrs. mos. ds	
/	2. FULL NAME Jerman Suffing	0	
	(a) Residence: No. Yen dersow Waryla	ward.	-
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	3
	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Male White Musical (writes word)	Mecentury 23, 1933 (Month) (Day) 23, 1933	-
	5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from	m
4/2	(ar) WHE of Normal VV Close	Necember 18, 1933, 10 December 23, 1933	
e.	6. DATE OF BIRTH (month, day, and year) / arch 22 1879	I last saw hour alive on Nec. 23 , 1933; death is sai	ď
fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, ata.m.	
certificate	0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ī
o jo	8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Inceses worms 12/10	32
346	9 Industry or business in which	of Throat - 70	-/
bacl	work was done, as SILK MILL, Jarm		
no s	10. Date deceased last worked at this occupation (month and 1933) spent in this occupation 24.44		
instructions	12. BIRTHPLACE (city or town) Aenderson	Other Contributory Causes of importance:	1
ruc	(State or country) Maryland	Describing Premones 12 27	33
inst	13. NAME Lether Lewis Griffin		
See	13. NAME Letther Lewis Griffin  14. BIRTHPLACE (city or town) Wyoning	Name of operation Delredmont + Refair Date of 12/18	C
	(State of Country)	What test confirmed diagnosis?	0
important.	15. MAIDEN NAME Mary Elizabeth Spence 16. BIRTHPLACE (city or town) Bursuille	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Sugarable. Date of injury Dev. 19, 19	}
ort	[State or country]	Accident, suicide, or homicide? Russill Date of injury Where did injury occur? At how	
imi	- M. M. May My Guilling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
ery	(Address)	to home	
is very	18. BURIAL, CREMAPON, OR REMOVAL	Manner of injury success would of Broat	
	Place Succes troud Date Dec. 26, 1933.	Nature of injury Siecesed would get Charles	
TION	19. UNDERTAKER K. By Kawlungs	24. Was disease or injury in any way related to occupation of deceased?	
	(Addiess) Dreens Vilo, Mid,	If so, specify (Signed) W Walnut, M.	n
)	20. FILED 12/26, 1933 / 1.54. / Lesses. Registrar.	(Address) Clarks and	
			200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage -	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BX	PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 244 N. Charles Street Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 8 1904			
Other contributory causes of importance:		Other contributory causes of importance:	-21-11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STACE	LOK	runingn	STATEMENTS	DI	FILISICIAN

V. S. No. 1

STATE OF MARTILAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	905
County 1000	Registration Dist. No. 298
Village or City 2 aston	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or pown where death occurredyrsmos,	
2. FULL NAME (Stillhour) Mil	
(a) Residence: No. (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced	0
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, Phat I attended deceased from
1 14 1024	3
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h_1000 alive on
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Stillma
A. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (LW) ON ) WAS	Dther Contributory Causes of importance:
(State or country)	
# 13. NAME WAIL Ital	
13. NAME (MACH) tall 14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SOLAN III. INC. WHALL	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME SWAN	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT HIP. SOLAN TAIL	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREWATION, OR REMOVAL	Manner of injury
Place Portal Care, No Date 24 18 , 1933	Nature of injury
19. UNDERTAKER AS diff IV. Thall	24. Was disease or injury In any way related to occupation of deceased?
(Address) Reference	If so, specify
20. FILED 12/17 1933 7 H. neurus	(Signed) (Signed)
Registrar.	(Address) Cass by Mc

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Y.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I	e de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	
Gaestyrico	May 1,1925	distroence uto	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		Registrati	on Dist. No. 296
Village or City Easton	(1)	No. Une glove / / death occurred in a horpital or institution/give its NA	^
Length of residence In city or town where		ds. How long in U.S. if of foreign birth?	
2. FULL NAME Still	round / Va	el II.	
(a) Residence: No.	1 w comb, MA	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	MEDICAL CERTIFICA	dent give city or town and State
3. SEX . 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	TO DEATH
Male While	OR DIVORCED (write the word)	(Month)	(Year) (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	Xu	22. (I HEREBY CERT	IFY, That I attended deceased f
3	14 16 33	I last saw h MA alive on DCC	3.7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at.	15 1
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Sillon	Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		2/////	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
Sava	oc.upation	Other Contributory Causes of Importance:	ALA III A TOTAL TO SERVE
12. BIRTHPLACE (city or town) 600 NOW	, ma.		
II 13. NAME Cardiff	i. Itall		
14. BIRTHPLACE (city or town)	Manuslanda	Name of operation	Date of
(State of country)	- C note a	What test confirmed diagnosis?	Was there an autopsy?
# 15. MAIDEN NAME SUSCIA	1 Mi Guay	23. If death was due to external causes (VIOL ENC	E) fill in also the following:
5 16. BIRTHPLACE (city or town)	Michaels, Ma!	Accident, suicide, or homicide?	Date of injury, 19
∑ (State or country)	Hall	Where did injury occur?(Specify ci	ty or town, county and State)
17. INFORMANT (Address)	went And	Specify whether injury occurred in INOUSTRY, I	n HUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Oate 12/18 ,193	Manner of Injury	
19. UNOERTAKER CARLIFF (Address)	. Hall	24. Was disease or injury in any way related to d	occupation of deceased?
20. FILEO ( 3) 17 19 3 3	x 41 Marries	(Signed)	John?

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gaslroenteritis	1 year

XX	-=	01	2
XX	NK-THIS IS A PERMANENT RECORD. Every item of in	should be stated EXACTLY. PHYSICIANS should a	it may be properly classified. Exact statement of OCCU
-	item	she	of ,
	ery	NS	ent
	Ev	CIA	tem
	RD.	YSI	sta
	2	PH	act
	RE		Z
כיז	N	L	d.
Ž	NE	CT	ifie
S	MA	KA	las
BII	ER	9	A
24	V	ted	perl
FO	S	stai	Dro
ERVED FOR BINDING	HIS	be	be
VE	T-	plu	lav
ER	VIK-	sho	it m

te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	1. PLACE OF DEATH	46
ould OCC	County Dallot	Registration Dist. No. 470
item of should of OCC	Village or City Castine Mill	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred /yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
Svel IAI mel	2. FULL NAME Harriett Harris	
Every residence of the statement	(a) Residence: No. Ently B 10	St., Ward.
PHYS	(Usual place of abode)	If nonresident give city or town and State
REC. P. P. F.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LI	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
MANEN A C T I assified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
SX2	1000 march 1	Hest saw har alive on 29 1933; death Is said
IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 1887, March 17. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 11.05 P.m.
IS A I stated proper	(=) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
IS sta pro cert	8. Trade, profession, or particular	were es follows: Date of onset
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lignord returns
	9. Industry or business in which	
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	7
C m to	10. Date deceased last worked et this occupation (month and year) spant in this occupation occupation	
NG I AGE that ions o	1 / tto	Other Contributory Causes of importance:
DI d. so uct	12. BIRTHPLACE (city or town) Pent Golf State or country)	
NFADING oplied. AGI erms, so tha instructions	H 13. NAME W. W. Harriso	
	14. BIRTHPLACE (city or town) Prew York State	Name of operation Date of
.= co	14. BIRTHPLACE (city or town) Preside Goods Startes	What test confirmed diegnosis? Was there en eu'opsy?
carefully TH in pla	15. MAIDEN NAME Clara graham.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town) new york State.	Accident, suicide, or homicide? Date of injury, 19
NLY, oe cal ATH nport	(State or country)	Where did injury occur?
Id be DEAT	17 INFORMANT Mrs Cum Fisher	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Custon mod!	
she E O is v	18. BURIAL, PREMATION, OR REMOVAL	Manner of injury
WRITE lation s'AUSE	Place Mira, N. 4. Date 2/13,133.	Nature of injury
-WRIT mation CAUSI TION	19, UNDERTAKER Carl W Stafford.	24. Was disease or injury in any way related to occupation of deceased?
EOH	(Address) Custing Inda	If so, specify
TT)	20, FILED 12/12 1933 M. Meerics	(Signed) M. E
Z	Registrar.	(Andress) Last Williams

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Jan 6 1854			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------------------------------	------------	---------	-----	---------	------------	----	-----------

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
sta UP	1. PLACE OF DEATH	186-20
ould OCC	County Salbat	Registration Dist. No. 1290
item of should of OCC	Village or City Gastan (IF	No. Omergency Haspitalst, Ward death occurred in a horpital or institution give its NAME instead of street and number)
200 +	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME The agrae arami	inta Nendrif
RECORD, Ever PHYSICIAN Bract statemen	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
E P E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
£3.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White Widowed	21. DATE OF DEATH DECEMBER 25, 193 3 (Month) (Day) (Year)
MANET A C T assified	5a. If married, widowed or divorced  HUSBAND of (or) WIFE of  AMAS B. Handrill	22.   I HEREBY CERTIFY, That I attended deceased from
EXE.	C DATE OF RUPTH Hard And And And And And And And And And An	I lest saw her alive on Nec 25 , 1933; death is said
PE E	6. DATE OF BIRTH (Month, day, and year) TWW 7 - / S 2 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 6.13.0 R1m.
IS A PE stated E properly certificate	81 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be sof ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
<del></del>	F.   2/2	Tracture of lups 12-3-33
VK—T) should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	orcacure of ways
INE S sh t it on	10. Date deceased last worked at this occupation (month and year)	
NFADING I pplied. AGE erms, so that instructions of	Q	Other Contributory Causes of importance:
d. d. so,	12. BIRTHPLACE (city or town) (State or country)	V
UNFA supplied n terms, ee instri	# 13. NAME Perry L. Lynch	
D = + 47	14. BIRTHPLACE (city on town) 2. a. co	Name of operation.
-= 70	14. BIRTHPLACE (city on town) 2. Co. (State or country)	What test confirmed diagnosis? X Ray Was there an autopsy? No.
	IS. MAIOEN NAME Zackusie	23. If death was due to external causes (VIOL ENCE) fill in also the following:
y, Warefu	15. MAIOEN NAME LEBUCCE  16. BIRTHPLACE (city or town) Q Q CO	Accident, suicide, or homicide? accident Date of Injury 12-3 1933
7 5 5	(State or country)	Where did injury occur? Home - Keut Co
PLAINLY, WI nould be carefu JF DEATH in p	17. INFORMANT Mrs. James Smith	(Specify city or towu, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF DI	(Address) Chishitoun Ind.	Stone
-7 -60	18. BURIAL, CREMATION. OR REMOVAL	Manner of injury Cleuderlal fall
WRIT ation AUSE ION i	Place Chesterlour 4 Med, Date 12/27, 1933	Nature of injury I roeling 7 tys
WRITE mation s CAUSE TION is	19. UNDERTAKER Chas A blodd and cheeter and	24. Was disease or injury in any way related to occupation of deceased?
N. B.	20. FILED 12/26, 1933 M. R. Meiries. Registrar.	(Signed) Wellamy Hammond M.D. (Address) Easton Md
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	(de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
------------------------------------------------------	------------	-----------	---------	------------	---------------	-----------

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A)
county MVO S V NO	Registration Diet. No. 290
Village or City	No. () NOTOWCU TISO A St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos.	
2. FULL NAME ZIMMU HUMED NO.	
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH
reliair Colorea Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY GERTIFY That I attended deceased from
(b) wire of	1986.1 1933,10 1986. 4 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h 30 alive on Dec. 1, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0 alex 1/2
kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month end  2 2 11. Total time (years) spant in this	Chroma gover. 40013.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or fown)	
	Carrent 173
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Challegglillows Date of
(State of County)	What test confirmed diagnosis? Clusted FLot Was there an autopsy?
15. MAIOEN NAME (Leas Trusty) 16. BIRTHPLACE (oily or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (oily or town)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
0000.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Trillio Fro MA Date Dac. 7 1933	Menner of injury
R B Rauly and	Neture of injury
19. UNDERTAKER LEUN TOONAL	24. Was disease or injury in any way related to occupation of deceased?
20 FILED 12/5- 1933 M.H. neirius	(Signed) Zutalue M.D.
Registrar.	(Address) Euslien links

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	16
1. PLACE OF DEATH	108	7()
County albat Con A	Registration Dist. No. 2-42	
Village or City Near Easton My	No. St., (death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurred		
2. FULL NAME SURIL HOLLAND		
(a) Residence: No. Home Editor (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (sprite the word)	21. DATE OF DEATH (North) 12. 1933 (North) (Dey) (Ye	er)
5a. If married, widowed or divorced HUSBAND of Clepansha Holland (or) WIFE of	22. / I HEREBY CERTIFY. That I attended deceased	d from
B - 0 - C 0	1933, to 1961, 1933, to 1981	la sold
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Deys If LESS than	I last sew here alive on AVLC 1.2 1933; death to have occurred on the dete stated ebove, et 7.9m.	IS Salu
6- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
9 Frade profession or particular	were as follows. O have In amount 12/	onagt 3
8. Trade, profession, or perticular kind of work done, as SPINNER, Journal SAWYER, BOOKKEEPER, etc		/
9 Industry or business in which work was done, as SILK MILL, SAW MILL BANK, etc.		
10. Date deceased last worked at 12/1/33 lil. Total time (years) spent in this occupation (month and year) lil. Total time (years) spent in this occupation 354.		
12. BIRTHPLACE (city or town) Maryland .  (State or country)	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Maryland .  (State or country)  13. NAME Repanding Holfand		
14. BIRTHPLACE (city or town). Mary land	Name of operation Date of	
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?	?
15. MAIDEN NAME Surge Plater  16. BIRTHPLACE (city or town) Maryland  (State or country)	23. If death was due to external causes (VIDLENCE) fill in elso the following:	
5 16. BIRTHPLACE (city or town) Muryland	Accident, suicide, or homicide? Date of injury, 19	)
S (State or country)	Where did injury occur? (Specify city or town, county and State)	
15. MAIDEN NAME SUDIA CLARY  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT Stella Sanguer  (Address)  18. Maiden Name  (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place ROMAN AM CALL Date Pec 15. 1933	Manner of injury	
LINCE	Nature of Injury	7
19. UNDERTAKER & Norman Manhael	24. Was disease or injury In any wey related to occupation of deceased?	
(Address) A michael an	If so, specify J	
20. FILED Das 14, 1933 tomos Huwales Registrar.	(Address) (Address)	M. D



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	Constitution of the Consti	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAIT V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR FURTH	ER STATEMENTS	BY PHYSICIAN	

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
St	1. PLACE OF DEATH	12431
ould state	County Valbal	Registration Dist. No. 293
should of OCC	Village or City Man Gullann.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,/mos	death occurred the a hospitator institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
PHYSICIANS act statement	2. FULL NAME / Surais Cass factors (a) Residence: No. Ziear Melder and (Ususphace of abode)	Raau  uSt., Ward.  If nonresident give city or town and State
P.F.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
X A class	()	N Ce 21 ,1933 to N Ce 27, 193:
	6. DATE OF BIRTH (month, day, and year) Lec. 9, 33	I last saw h alive on
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, at
sta pro	8. Trade, profession, or perticular	were as follows:
be of	kind of work done, as SPINNER,	Could took tout to
	9. Industry or business in which	Dear Jaca and Co
	work was done, as SILK MILL, SAW MILL, BANK, etc.	
6 4 0	O 1D. Date deceased last worked at this occupation (month and year)	
AGE that ions o	7	Other Contributory Causes of Importance:
so	12. BIRTHPLACE (city or town)	
efully supplied. AGF in plain terms, so tha ant. See instructions	I 13. NAME SETTION LARRENCE	Mulling e.
sup n te	14. BIRTHPLACE/City or town) Cerslova	Name of operation Date of
la la	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
be carefully EATH in plai important.	15. MAIDEN NAME GLEARING Dade	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
Car LH ort	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ld be car DEATH y import	(State of country)	Where did injury occur? (Specify city or town, county and State)
should be OF DEA's very imp	17. INFORMANT for falled flatter) (Address) and and flatter)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
she E O is v	18. BURIAL, CREMATION, DR. NEMDVAL	Manner of Injury
	Place Classification Md. 1. Date July 1933	Nature of injury
CAUSI TION	19. UNDERTAKER J. D. Zur	24. Was disease or injury in any wey related to occupation of peceased?
	(Address) \ Mulon Yull,	If so, specify
T	20. FILED 12/24 , 1933, J. L. Gardner	(Signed) M. D.
U	Registrar.	(Address) Develo Mile

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	4	9	8
.11	~	L	V	3

1. PLACE OF DEATH			828	16400
County Tallot			Registration Dist. No. 3	91
Village or City S. L. Williage Or City S. Length of residence In city or town where do		j (il	No. St., f death occurred in a horpital or institution, give its NAME instead of street s. ds. How long in U.S. If of foreign birth? yrs.	and number)
2. FULL NAME George	W7	afterson		
(a) Residence: No. als Orac	(Usual place of	Made)	St, Ward If nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  DEC. 2 Z  (Month) (Day)	, 193 3 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Halkerine	July	ism	22. i HEREBY CERTIFY, That I attended to the state of the	2 ,1973
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	rand 13	1863	I lest saw h	death is said
7. AGE Years Months	Days 9	If LESS than  1 dey,hrs.	to have occurred on the date stated ebove, et 1.2.5 k., m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
	7	ormin.	were es follows:	Date of enset
8 Trade, profession, or particular kind of work done, es SPINNER,	Watasa		Cerrebral Chrone	ase 6
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	4000		losis	1933
10. Date deceased last worked et this occupetion (month and yeer)	11. Total times spent occup	ne (yeers) in this & 5 ation	1	
12. BIRTHPLACE (city or town) Zalu (State or country)		d	Other Contributory Canses of importance:	
13. NAME Goseph Te	Herson	W		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	allot li	md	Name of operation Dete	of Acocce an autopsy?
15. MAIDEN NAME Ausan	2 arb	utton	23. If death was due to external causes (VIOLENCE) fill in also the folio	wing:
15. MAIDEN NAME Susans 16. BIRTHPLACE (city or town) (Stete or country)	albot s	int_	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Miss Catterial (Address)	ne gel	gerson and	(Specify city or lown, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date Dec.	24 ,19.33	Menner of Injury	
19. UNDERTAKER Jewnsmit (Address)	Harris Challa	md.	24. Was disease or injury In any way related to occupation of deceased If so, specify	no
20. FILED Dec 23, 1933 John	Hour	ales. L Registrar.	(Signed) Strang Wells (Address) St. Whielexel	s Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
P-BUERATI V A	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be carefully supplied.

TION is very important.

(Address)

NLY. WITE

mation should B.—WRITE PLA

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AGE should be

PHYSICIANS should state ORD. Every item of infor-

of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Vallof	Registration Dist. No. 291
Village or City St. michaels md	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME May E, Johnson	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Chastruff Street SC? (Usual place of abode)	Misk hall Hord.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (write the word) Control of the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I ettended deceased from  19 33 to DEC 2 19 3  I last saw h. e. alive on DEC 28 19 35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 3m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Horner work from SAW MILL, BANK, etc.	Fobai puemonia Die, V.
10. Date deceased last worked at this occupetion (month end / 9/2 spant in this pear) 11. Total time (years) spant in this group tion 30 g	-7
12. BIRTHPLACE (city or town) Cockeyanlle (State or country)	Other Contributory Causes of importance:
13. NAME Wm Tracey	disease
13. NAME Wm Tracey  14. BIRTHPLACE (city or town). Balto Co.  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Sarah a. Carter  16. BIRTHPLACE (city or town) But Co  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also Ihe following:  Accident, suicide, or homicide?
17. INFORMANT J. O. Johnson (Address) At michaels ma-	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jersups Mar. Date Dec 30, 19 33	Manner of injury
10 more Melitreams & Atricana	24 Was disease or injury in any way related to accumation of decased? To

Registrar.

If so, specify (Signed).

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

Exact statement of OCCUPA-

B ż

STATE OF	MARYLAND—CERTIFICATE	OF DEA	HTA
EATH	<u></u>		

	1. PLACE OF DEATH	125	00
	County Talkot	Registration Dist. No. 290	
		NDG Merquicy Hospital St., death occurred in a horpital or institution, give its NAME instead of street and number,	
/	Length of residance in city or town where death occurredyrs,mgs.	/2 A How long in U.S. Nof foreign birth?yrsmos	0s.
	2. FULL NAME / JUS. Juna U. JY	lof	
	(a) Residence: No. Catton Marylan (Voudiplace of abode)	edst., Ward.  If nonresident give city or town and State	
. 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
W.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tennale  Acrical	21. DATE OF DEATH Necember 5 , 193 . (Month) (Day) (Y	S (ear)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended decease 1933 to Dec. 5	ad from
4)	6. DATE OF BIRTH (ponth, day, and year) + 1 2, 24, 1892	Hast saw h-ez alive on Dec. 5 , 1933; death	h is said
cate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11.35 Pim.	
certificate	46 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
	8 Trade profession or particular		20
10	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this		
on b	1D. Date deceased last worked at 11. Total time (years)		
	o this occupation (month and spent in this occupation coupation	Dither Contributory Canses of Importance:	
instructions	12. BIRTHPLACE (city or town) Jally Co	1 - 11	47-33
ruc	(State or country) Md.	8	
inst	13. NAME John P. Scott		
See	14. BIRTHPLACE (city or town)	Name of operation	
n	(State of country)	What test confirmed diagnosis? Min algority. Was there an autopsy	1220
important.	15. MAIDEN NAME Elyabert Dearrand	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	200
orta	0 16. BIRTHPLACE (city or toys) Tally CO	Accident, suicide, or homicide?, Date of injury, 1	9
m p	(State or country)	Where did injury occur?(Specify city or town, county and State)	
very i	17. INFORMANT Azekby Kurthaman (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	~
is v	18. BURIAL, CREATITION, OR REMOVAL	Manner of injury	
	Place Gaston Date 2/8, 1933	- Nature of injury	
TION	19. UNDERTAKER DULLO U.S. Spellice	24. Was disease or injury in any way related to occupation of deceased?	ny
. '	(Address) Cantan, Ill.	If so, specify	
2	20. FILED 12/6 , 1933 N. H. Marries Registrar.	(Signed) (Address) Eciating My	M. D.
		27 67 1 6 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
------------------------------------------------------

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12501
County Talbot	Registration Dist. No. 393
Village or City Elean Gaston Sroppe	No. St. Wa
	f death occurred in a horpital or institution, give its NAME instead of street and number)
01 10 00 01	s. Y ds. How long In U.S. if of foreign birth? yrs. mos.
2. FULL NAME Mule Delle Lega	li A
(a) Residence: No. Olember (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
Maria	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased for
(or) WIFE of Colaylon Legales	11-28- 1933 to 12-2- 193
6. DATE OF BIRTH (month, day, and year) aferic 4 1888	I last saw hes alive on 12-2-,1933; death is
7. AGE 45 Years 7 Months 2 Days If LESS than	to have occurred on the date stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wells	
	I neumonia, Lobar, 11-2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
year)	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Differ Country Causes of Importance.
(State or country) Talkol le 8	
13. NAME John Leonard	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Josaphine Street	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Maria D	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Caston Md Date Dec 5 , 1933	- Nature of injury
19, UNDERTAKER James as Skance	24. Was disease or injury in any way related to occupation of deceased? 720
(Address) Easter and	If so, specify
20, FILEO Dec ste 1933 Josepharcoso.	(Signed)
Rocal Registrar.	(Address) Saston 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIFEGAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82·d)
County Vallot	Registration Dist. No. 29/
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Matherine J. Leonord	
(a) Residence: No. Royal Oak (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 3 (Day) 193 (Year)
A. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of  Dringle	22. I HEREBY CERTIFY, That I attended deceased from about 2 7019, to 19
6. DATE OF BIRTH (month, day, and year) Seest 4th 1861	I last saw h. Em aliva on Dec 2 , 19.8-3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 2 29 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were asyfollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General serolines 2900
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-50
10. Date deceased last worked at this occupation (month and 1931 spant in this occupation 60	
12. BIRTHPLACE (city or town) Apy al Cak miles (State or country)	Other Contributory Causes of Importance:
13. NAME John Spry Leonard	
13. NAME John Spry Leonard  14. BIRTHPLACE (city or town) Tallof to	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Many Jane Towneard	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Tame Townsend  16. BIRTHPLACE (city or town) Jallot Co (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Capt Olic Lonard  (Address) Royal out me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Exaton Ind Date doc 5, 1933	Natura of injury
19. UNDERTAKER April One Milmon (Address) Royal One ma	24. Was diseasa or Injury In any way related to occupation of deceased?
20. FILED Dec 400, 1933 John Howald Registrar.	(Signed) & emplo, July M.D.  (Address) Royal and med
76 11.1. 11.11.6. 17.11	V CL I C P.I. P GI O.V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Jalbot	Pagistration Diet No. 291
Village or City Near Tilahman	No. St., W f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Zo_yrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Lida a Lomas	
(a) Residence: ND. 21 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  White  Married	21. DATE OF DEATH  25 193
Sa. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year
(or) WIFE of Charles E. Lomax	22. I HEREBY CERTIFY Thet Lattended deceased
6. DATE OF BIRTH (month, dey, and year) August 25, 1863 7. AGE Years Months Days If LESS than 1 day, hrs. or min,	I last saw hat alive on Del 25, 1933; death is to have occurred on the date stated above, et 21 m.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Accommendation of the second of t	were a follows: Valeda Houselle Date of or
10. Date deceased last worked et this occupation (month and year)	
12. BfRTHPLACE (city or town) Jalbot Co (State or country)	Other Contributer Causes of importance:
13. NAME John W. Sewell  14. BIRTHPLACE (city or town) Jalbot Co	The Germany yours
(State of County)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Fannie Haddaway	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Fannie Haddaway  16. BIRTHPLACE (city or town) Vallet Co  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Chas. E. Lomax (Address) Filghman md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vilghman Md Date Dec 27, 19.33	Manner of injury
19. UNDERTAKER PLUMAM + Harrison (Addiess) (It michaelas md-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LIGAT, 1033 THEM SOLL	(Signed) Jugustalian (Address) T. Igunay mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 15 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	STACE	OIL	FURTHER	STATEMENTS	DA	FILIBICIAN	

back

(Address)

state of infor-

plnods

OCCUPA-

Jo

PLACE OF DEATH

95-2			
	Registration	Dist. No. 2	144
No.			NOTICE OF THE PARTY OF THE PART
f death occurred in a hospital or instit	tution, give its NAME	Einstead of street	and number)
s,ds. How long in U.S. If	of foreign birth?	yrs	mosds.
~~~~~			
St., Ward.			
		give city or town	
	CERTIFICATE	OF DEAT	H
21. DATE OF DEATH	No.	19	
-	(Month)	(0ay)	, 193 <u>\$</u> (Year)
22 I HEREB	Y CERTIF,	V That Latton	dod dossesed from
June 2	19 32 to E	v=0/	9 133
A last saw have alive on	Duc		3; death is said
to have occurred on the date sta	-	P <sub>m</sub>	,
The PRINCIPAL CAUSE OF DEA	TH and related cause	es of Importance	
wera as follows:			Date of onset
Corte 1	End D		22.
			1
-			
Other Contributory Causes of imp	portance:		
-		-	
Yum	e del	rley	120
		1	
Name of operation		Date	of
What test confirmed diagnosis?		Was there	an autopsy?
23. If death was due to external ca	uses (VOLENCE) (I	l in also the follo	wing:
Accident, suicide, or homicide?	1	Data of injury	, 19
Where did injury occur?	(Specify gity or	town sounts and	State
Specify whether injury occurred	in INDUSTRY, in HO	ME, or In PUBLIC	PLACE.
Manner of injury			
- Nature of injury			
24. Was disease or injury in any	way related to occupa	ition of deceased	us
If so, specify		0-	7
(Signed)			
(Address)	-0	sell	M. D.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocateritis	1 year	

should state

of OCCUPA-

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1

AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12505
1. PLACE OF DEATH	(8 4)
County Calba	Registration Dist. No. 290
	ND. The roen Co MOS O. X. No., Ward death occurred in a hospital of institution, vive its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Truin Terkins	المعاريات المعار
(a) Residence: No. 74 Balance of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Black OR DIVORCED (rwrite the word)	Wecenher 25, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. \(\cappa \)   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Nec. 23 1933 to thee 25 1933
6 DATE OF RIDTH (month day and year) Q 19 19 19 19 1	Hast saw haire alive on Alse. 25 1933; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 6 . 40pim.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of importance
8 Tenda profession or particular	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this	Gundest would g week 1 12 25 3;
10. Date deceased last worked at this occupation (month and year) 12 11. Total time (years) spant in this occupation	Jack -
	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME (Kas. Perbers)  14. BIRTHPLACE (city or town)	Name of operation & bredmont & Refass Date of 1 2 2 5 3
(State or country)	What test confirmed diagnosis? Climed & Ke Has there an au'opsy Red.
15. MAIDEN NAME Wilimena meerry	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (State or country)	Accident, suicide, or homicide? acculated Date of injury 12 23, 19.3 3
(State or country)	Where did injury occur? at his / Come
17. INFORMANT PB Parkings	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injurfree wester 45 W
Place Declar Mil Date Dec. 28 1933	Nature of Injury & S. W. neck & face
R. B. Raylungar	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (1: 19) Cultury (Address) Lieus but, Mid.	If so, specify occured while at work in field.
al alla.	(Signed) Zu Relument M.D.
20. FILED 2/26, 19.33 1/24 fles Co. Registrar.	(Address) Sulface and

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
LOIR DIVIDITION	IS A PERMANENT	stated EXACTLY	properly classified.
Angliv Redenvery For Division	VITH UNFADING INK-THIS	ully supplied. AGE should be	plain terms, so that it may be
	-WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	2506
1. PLACE OF DEATH	93:00	
County Talbot	Registration Dist. No. 39	0
Village or City Easton Md	NoSt.,St.,St.	Ward
Length of residence in city or town where death occurred 2.1yrsmos		
2. FULL NAME Alonso M. A obson	TO A STATE OF THE PERSON AND THE PER	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  Male  5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of	* (7.1)	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended d	deceased from
6. DATE OF BIRTH (month, day, and year) Way /2 1463	I last saw h sin alive on Dec 11 19.33	; death is said
7. AGE & Years   % Months   Days   If LESS than	to have occurred on the date stated above, atm.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	were as follows:	0ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Returned Murchant SAWYER, BOOKKEEPER, etc		*
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and		
10. Oate deceased last worked at this occupation (month and year)		
of 1 To D. C.	Other Coutributory Causes of importance:	20 1
12. BIRTHPLACE (city or town) Filter los mod	Cuturosclerau	4can
	-	
I TO TO THE TOTAL	7011	
14. BIRTHPLACE (city or town) Wigner land	Name of operation	
	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sarah & Massey  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) filt in also the following:	
16. BIRTHPLACE (city or town)   Maryland	Accident, suicide, or homicide? Date of injury	, 19
Occide to country) xnavycenso	Where did injury occur? (Specify city or town, county and State	.)
17. INFORMANT Melliam H Robson -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
(Address) 4106 Belvier are Ballinger  18. BURIAL, CREMATION, OR REMOVAL BURIAL		
Place Gaston Inch Date Dec 3, 19.7.3	Manner of injury	
-/ //	Nature of Injury	74.
19. UNDERTAKER fames at offener	24. Was disease or injury in any way related to occupation of deceased?	-40
(Address) Caston I and.	If so, specify	as D
20. FILEO / Q/13 , 1933 M - A / lenes	(Signed) (Addrage)	estar. d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SHVEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cercbral hemorrhage	6 = 034	July 5, 1927	Peritonitis	3 days ago	
	THE WALL				
Other contributory causes of imp	ortance:		Other contributory causes of importance:	MALE THE	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12507
1. PLACE OF DEATH	Messa .
County Malbot,	Registration Dist. No. 290
Village or City Gaston	No. 6 mergency Hospital St., Ward
	If death occurred in a hornful or institution, give its NAME instead of street and number)  sds. How long in U.S.If of foreign birth
2. FULL NAME My MG mma Poe	
(a) Residence: No. I Greenstoro Marulas	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH    Cluber 5 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Youenlier 4 1933, to December 5, 1933
6. DATE OF BIRTH (month, day, and year) July 20, 1851	I last saw here alive on Nec 5 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at m.
8 d 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	That 1 2 1
A Tale, Profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occapation (month and	Tracture of lufs 11-3-33
10. Date deceased last worked at this occupation (month and year)	
12 DIDTURA ACT (ALLERAN)	Other Coatribatory Caases of Importance:
12. BIRTHPLACE (bity or town)	
13. NAME John Latturge	
13. NAME  14. BIRTHPLICE (city or town)	Name of operation NOWL Date of
(State of Country)	What test confirmed diagnosis? X Ray . Was there an autopsy? Rs
15. MAIDEN NAME hay Surpage  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIO) ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? (Lacident Date of injury//-3-, 1933
(State or country)	Where did injury occur? Of trond - (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tell down slaw
Place Leeus tro Ma Date Dec. 8 , 1933	Nature of injury Fractured Corp
19, UNDERTAKER R. B. Rawlyngs.	24. Was disease or Injury In any way related to occupation of deceased? The
(Address) Greens but Med.	If so, specify
20, FILED 12/5 , 1933 n. W. neerus	(Signed) Welliams Hammond M. D.
Remethan	(Address) Caston ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	clerosis		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street cur	1 week ago	
Cerebral hemorrhage	MECHINE	July 5,1927	Perilonitis	3 days ago	
1	JAN 6 4934				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones	THUAL TO	May 1,1923	Gastroenteritis	1 year	

110011101111111111111111111111111111111	OL I OIL I CILIIIDIL I	STITLISHING DE L	T L DI CIZIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12508
1. PLACE OF DEATH	/UE
County Saloks	Registration Dist. No. 393
Village or City Cordor d'	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Maseline Jump	sou.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. ALLENEBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9 - 9 - 1912	Hast saw hur alive on Alle 7 & 1953; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 Cm.
7/ 3/20   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	- f
Makind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Som January Mys
10. Date deceased last worked at spant in this occupation (month and year) occupation	
^	Other Coutributory Causes of importance:
(State or country) Wary Law	
13. NAME longe Lacu from	
13. NAME Longe Law Joseph 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Mary Lagred	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lauise Guffen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Juise Seriforces (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Coentreville- Ind. Date 12/31-, 1933	Manner of injury
19. UNDERTAKER Call W V (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 12/29. 1933: J. L. Gardner Registrar.	(Signed) Curry Ouel M. D.  (Address) A selection of the control of the contro

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER STATEME	NTS BY	PHYSICIAN
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V. S. No. 1

	1. PLACE OF	TOLLA			50	Desistration	Dial No. 29	
	County Village or City	Enter	7		No.	Registration	DIST. NO.	A
	2010		113		f death occurred in a hospital or			
	Length of resider	ce in city or town where	death occurred.	O_yrs,mo:	sds. How long in U	.S. if of foreign birth?	yrsr	nos
:	2. FULL NAM	Esaras	N W DO	nille				
	(a) Residence:	No	2 aston (Usual place	of abode)	St.,Ward.	If nonresident	give city or town an	d State
	PERSONA	L AND STATIS			MEDICA	L CERTIFICATE		
3.	SEX F	COLOR OR RACE		RIED, WIDOWEO, D (write the word)	21. DATE OF DEA	TH Que	7	193 (Y
5a	. If married, widowed, HUSBAND of	or divorced	/	200	1201	EDV CEDTIE	V That I also do	
	(or) WIFE of				11/8	EBY CERTIF	Die 7	u decease
6.	DATE OF BIRTH (mo	nth, day, and year)	rav29	18631	I Jest saw h alive	on ple 7	, 19.3	3; death
-	AGE 7 6 Years	% Months	9 Days	If LESS than	to have occurred on the da		m.	
				I day,hrs.	The PRINCIPAL CAUSE OF were as follows:	F DEATH and related cause	es of importance	Dete
12 OCCUPATION	9. Industry or bus work was do SAW MILL, 10. Date deceased	nne, as SILK MILL, BANK, etc	11. Total to spa occ	ime (years) ntin this upation 40g	Other Contributory Causes	L. J. Ru of importance:	sst	(8
ER	13. NAME	Henry	Smit	h-				
FATHER	14. BIRTHPLACE (c (State or co	7774	Quen	anno lo	Name of operation What test confirmed diagno	sis?	Date of Was there an	au'opsy
MOTHER	15. MAIOEN NAME	linken	www	~	23. If death was due to exter	nal causes (VIOLENCE) fil	l in also the following	ng:
401	16. BIRTHPLACE (c		bnow	un	Accident, suicide, or homic		Date of injury	, 1
	(State or co	Joseph K	Bantur	<u> </u>	Specify whether Injury occur?	(Specify city or	town, county and St ME, or In PUBLIC P	ate) LACE.
18	B. BURIAL, CREMATIO	N, OR REMOVAL	L Date De	c. \$10,1933	Manner of injury			
19	O, UNDERTAKER (Address)	coaston	Spane		24. Was disease or injury In	any way related to occup	ation of deceased?	M
20	D. FILED 12/	9.19.33	74.	Persies	(Signed)	rivers)	- Comp	1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

(Year)

Date of onset

Was there an europsy? 22

(Day)

	Registrar.	(Address)	 12
If more blanks are needed, as	ddress State Registrar, 2411 N		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Othor contributors				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH	- 11	
County	illro	Registration Dist. No. 290
Village or City	orter	No. St., Ward
Length of residence in city or town where d		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	nome les	ets
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	~	22. PI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	0.24.1935	I last saw h R alive on New , 19 ; death is said
7. AGE Years Months	Days If LESS than 1 dayhrs	The I MINCH AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	or_O_min.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nn	- A
9. Industry or business in which work was done, as SILK MILL,		11/1/30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	A	Other Contributory Causes of importance:
(State or country)	mn	
14. BIRTHPLACE (city or town)		Name of operation Date of
(State of Country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lawh	Cleto	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jawh 16. BIRTHPLACE (city or town) (State or country)	WriG In	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT	nichol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	12/22 .22	Manner of injury
Place Chapel ned		Nature of injury
19. UNDERTAKER COLLEGE TO M. (Address)	rehols.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1. 2/ 2 Lo., 1933 77.	H. Necres.	(Signed) (MI) M.D.  (Address) Sastin Inc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	. \	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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PHYSICIANS should state

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Exact statement

TION is very important. See instructions on hack of certificate.

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Talbut,	Registration Dist, No. 296
Village or City Gaston (16	No. OMergeuse Application St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	3 de How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Stella Umedia	Trice
(a) Residence: No. 1 Preston, Maryland	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Temale  Value  Variety	21. DATE OF DEATH Lecember 29 193 3 (Year)
5a. If marriad, widowed, or divorced  HUSBAND of (or) WIFE of Charles larl Trice	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October 10. 1889	I last saw how alive on Alex 29 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _//_ass_c.m.
44 2   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Tends evidencing or entiquies	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/ numonia Lolsan, R. + 12-24-33
9. Industry or business in which work was dona, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
this occupation (month and year) - 1 2 certified 1933 spant in this 2 240	
	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  Marulaud	
13. NAME Coli 7/1. h hymnes	y-12
13. NAME GLE 7U. hygwres  14. BIRTHPLACE (city or town)	Name of operation 22002 Date of
(State or country) Welaware	What test confirmed diagnosis? Clanical Was there an autopsy? 420
15. MAIDEN NAME Belle Melissa Caton  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ara Cara On Meligney	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shay Jane, Ornaos, Yenda 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 leston Date 12/3/ 1932	Nature of injury
0 9 9 20 10 1 4 0 3	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) For a la Mary Ma	If so, specify
22 2011	(Signed) M. D.
20. FILED /2/30, 1933 // DV, News	(Address) Saston und

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? Length of residence in city or town where deeth occurred. ...\_Yrs. 2. FULL NAME (a) Residence: No If nonresident give city or town and State Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 3. SEX OR DIVORCED (write the word) 193 3 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 1050 a.m Days If LESS than 7. AGE Months O 0 or\_\_\_\_min. Date of onset & Trade, profession, or particular NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) spant in this this occupation (month and occupation \_. Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or (State or country What test confirmed diagnosis?. 2. Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury .... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION. Manner of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) nos If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<i>A</i> /	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	12514
	County Salbol	Registration Dist. No. 290
	Village or City Mear Coarlow	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U. S. if of foreign birth?mosds.
	2. FULL NAME Barbara Y Voit	
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Fermie  4. COLOR OR RACE OR DIVORCED (write the word) Wedbrund	21. DATE OF DEATH  (Month)  (Day)  (Year)
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of andrew fort	22. I HEREBY CERTIFY, That I attended deceased from DEC. 2 1933 to DEC 10 1933
ate.	6. DATE OF BIRTH (month, day, and year) Dec 23 1845  7. AGE Same Years 1/1 Months 1/7 Days 11 LESS than	I last saw here aliva on west question, 1933; death is said to have occurred on the data stated above, at Garm.
certificate	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Jalanfullumma DECZ
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this securation (month and	
no	10. Data deceased last worked at this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
nct	(State or country) Lermany!	and advanced age
insti	13. NAME Meshael Miller	
See	14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation torce Data of
nt.	15. MAIDEN NAME Catherine Berns	23. If death was due to external causas (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) Germany (State or country)	Accident, suicide, or homicide?
	17. INFORMANT Elizabeth Yout	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL Place Capter Md Dat 14.2 1935	Manner of injury
TION	19. UNDERTAKER James a Spenies	24. Was disease or injury In any way related to occupation of deceased? 200
T	20. FILED 12/11 , 1933 M. J. Merries Registrar.	(Signed) S. DEmuglerellson M. D. (Address) St. Nufeleaels, Neel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u></u>	<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
ADDITIONAL STACE FOR FURTHER STATEMENTS BY THIS	WAYY.

		STATE OF MARYLAND	CERTIFICATE OF DEATH	33
infor- state UPA-		1. PLACE OF DEATH	12515 18	59
1		County Faller	Registration Dist. No. 29	0
H of	,	Village or City Edistres R. R. W. Will.	NoSt.,	Ward
200	/	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and	number)
Every CIANS tement	/		Harrison W. F. F.	05
		(a) Residence: No.	St. Ward.	
PHYSI oct state		(Usual place of abode)	If nonresident give city or town and	State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
r re y. Exa		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1033
TT. L. ed.		5a. If married, widowed, or divorced	(Month) (Day)	(Year)
MAN A C		HUSBAND OF Bullyon Harvey	22. I HEREBY CERTIFY, That I attended	
SNO		action mentes	- Oept 1 , 19 33, to Nec 28	19 30
PE	ate	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then	to have occurred on the date stated above, at 700mm.	_; death is said
IS A F stated properl	certificate	711 1 1-4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	cer	8. Trade, profession, or particular	were as follows:	Date of onset
1 🚔	of	kind of work dona, as SPINNER, Housewefe -	Brighto Disease	Sept
K-T should it may	back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1933
NK. sho	on b	10. Date deceased last worked at 11. Total time (years)		-
AGE that		this occupation (month and spant in this occupation	Other Contribution Commercial	-
A A So t	instructions	12. BIRTHPLACE (city or town) Dalto, Coly	Other Contributory Causes of Importance:	
2 PM _ 5	truc	(State or country) mary laufol	age,	-
UNFA supplied n terms,		14. BIRTHPLACE (city or town)		
II. S. III.	See	4 14. BIRTHPLACE (city or town)	Name of operation Date of	1
III			What test confirmed diagnosis? Work Was there an	
ē - =	important	I THE	33. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?	3:
LY	por	16. BIRTHPLACE (city or town)	Where did Injury occur?	, 19
PLAINLY, hould be can OF DEATH		17. INFORMANT Malel Scutte	(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
PLA nould OF DI	very	(Address) Euston IRA much	······	
	is	18. BURIAL, CREMATION, OR REMOVAL  Place Decursous Councillate 1213 6-19.33	Manner of injury	
-WRITE mation s CAUSE	TION	Place residundant vince bate 1 700-,1900	Natura of injury	11/4
ma CA	TI	19. UNDERTAKER SO SULL D. Melleaun.	24. Was disease or injury in any way related to occupation of deceased?	JVO
ä,		O carrier say	(Signed) Thelip 19 hours	M f
zi (	T)	20. FILED 12/30, 1933 7 1 1 Registrar.	(Address) - Thechaels, /	hd
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(158)
onld occ	County Salbot	Registration Dist. No. 290
	Village or City Caston	NoSt.,Ward
	(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? vrs. mos. ds.
Every	0 100 (1101	
0/3	2. FULL NAME AMAGES WILL	1 and
- 7	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
# 3	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  ACC 23 1933  (Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	
IAN A C Issifi	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Dec/19 1933	I last saw h. A. alive on
IS A PEl stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7m.
IS A I stated properl	0 0 T ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be so Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Post to para
	SAWYER, BDDKKEEPER, etc.	congenual severily 1833,
should it may n back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
	10. Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Coutributory Causes of importance:
Se 1	12. BIRTHPLACE (city or town) / CULLYE G	
NFADING pplied. AGF erms, so tha instructions	(State or country)	
UNFA supplied n terms, ee instru	13. NAME WASHINGTON	
H U sur uin to	14. BIRTHPLACE (city or town)	Name of operation Date of
I la	(State of County)	What test confirmed diagnosis? Was there an autopsy?
carefully CH in pla	15. MAIDEN NAME May Chilliam	23. If death was due to external causes (VIOLENCE) fill in also the following:
AINLY, ld be car DEATH.	16. BIRTHPLACE (city or town)  (State gr-country)	Accident, suicide, or homicide? Date of Injury, 19
De Be imp	(State discounty)	Where did injury occur?(Specify city or town, county and State)
E PLAINLY, WJ should be carefu OF DEATH, in g	17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place by law md Date 12/23, 19 33	Nature of injury
-WRITE mation sl CAUSE TION is	90000 711001	24. Was disease or injury in any way related to occupation of deceased?
TEOF.	19. UNDERTAKER CASTON CHARLES	If so, specify
B	20. FILED 12 83 , 1933 M. Merres	(Signed) amos messin V M. D.
ZT	20. FILED 19.3.2 11.3.2 Registrar.	(Address) 6 asters Md
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S.			
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